

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6592

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Terry W Cannon

P.O. Box, Bldg., Room No., if any

Street 8806 Slate Rd.

City Evansville

State In. ZIP Code + 4 47720

4. Name, file number, and address of labor organization.

Name IBEW Local Union 702

Labor Organization File Number 022-643

P.O. Box, Building and Room Number, if any

Street 106 North Monroe Street

City West Frankfort

State Illinois ZIP Code + 4 62896

5. Position in labor organization.

Executive Board Member

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the signatory's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Terry W. Cannon

On 8/2/05  
Date

812-963-8266  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  Muehlhausen and Stefani

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  55 W. Wacker Drive, Suite 1200

City  Chicago

State  IL ZIP Code + 4  60601

14.a. Nature of payment.

Received 1 baseball  
ticket to St. Louis  
Cardinal game.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$37.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with.

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9 b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

State  ZIP Code + 4

## 11. a. Nature of such dealing.

11.b. Approximate dollar value of such dealing 

## 12. a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  Muehausen and Stefani

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street  55 W. Wacker Drive, Suite 200

City  Chicago

State  IL ZIP Code + 4  60601

## 14.a. Nature of payment.

Received one meal  
at IBEW Christmas  
luncheon

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

\$29.95